FORM **N-20** (REV. 1997)

19**97** 

STATE OF HAWAII—DEPARTMENT OF TAXATION

## PARTNERSHIP RETURN OF INCOME

For calendar year 1997 or other tax year beginning • \_\_\_\_\_\_ , 1997 and ending • \_\_\_\_\_ , 19\_\_\_\_\_\_

|                  |   |  |                               |                                |                    |   |              | AMD             | UNP                 | 00       | 08 P                        | NT     | INT          | _   |  |  |
|------------------|---|--|-------------------------------|--------------------------------|--------------------|---|--------------|-----------------|---------------------|----------|-----------------------------|--------|--------------|---|--|--|
| •                |   |  |                               |                                |                    | A Date business started E Federal                                   |              |                 |                     |          | Employer I.D. No.           |        |              |   |  |  |
|                  |   |  |                               |                                |                    |   | •            |                 |                     |          |                             |        |              |   |  |  |
| ž                | Dba or 0                                      | ba or C/O  |                               |                                |                    | B Principal business activity (use activity from federal Form 1065) |              |                 |                     | -:: 6 5  | T // In I D No              |        |              |   |  |  |
| PRINT OR TYPE    |   |  |                               |                                |                    | (use activity from federal Form 1065)                               |              |                 |                     | all G.E. | G.E./Use I.D. No.           |        |              |   |  |  |
| 0                | Address                                       | (number a  | and street)                   |                                |                    | C Principal prod  |              |                 | •                   |          |                             |        |              |   |  |  |
| Ξ                |   |  |                               |                                |                    | (use product or servic  | e from feder | ral Form 1065)  |                     |          | s Code No. (Use number from |        |              |   |  |  |
| R                | City or t                                     | own, State   | , and ZIP Code                |                                |                    | D Total assets (ar  | mt. from fed | eral Form 1065) | fede                | ral Forr | Form 1065)                  |        |              |   |  |  |
| •                | •   |  |                               |                                |                    | \$  |              |                 |                     |          |                             |        |              |   |  |  |
|                  | H C   | heck me  | ethod of accounting:          | (1)  Cash                      | <b>(2)</b> ☐ Accr  | ual   | (3)          | ☐ Other (a      | attach e            | xplan    | ation)                      |        |              |   |  |  |
|                  |   |  | plicable boxes:               | (1) Initial Return             | (2) ☐ Final        |   |              | <br>☐ Change    |                     | •        |                             | Ame    | ended R      | eturn   |  |  |
|                  | Cautio  | n: <i>Incli</i>  | ude only trade or busin       | ness income and expens         | ses on lines 1a th | rough 22 below  |              |                 |                     |          | • •                         |        |              |   |  |  |
|                  |   | For  | m 1065, for more infor        | mation.                        |                    |   | 1 1          |                 | 1                   |          | <i>, ,,,</i> ,,, ,, ,       |        |              | <del></del> -                                   |  |  |
|                  |   |  | •                             |                                |                    |   | 1a•          |                 |                     |          | _                           |        |              |   |  |  |
|                  |   | b Minus returns and allowances   |                               |                                |                    |   |              |                 |                     | 1c       |                             |        | -            |   |  |  |
| INCOME           | 2   |  | •                             | A, line 8)                     |                    |   |              |                 |                     |          | 2•                          |        |              | <u> </u>  |  |  |
|                  | 3   |  | `                             | e 2)                           |                    |   |              |                 |                     | -        | 3                           |        |              |   |  |  |
| ႘                | 4   |  | • , ,                         | other partnerships and fi      | ,                  | ,   |              |                 |                     | -        | 4                           |        |              |   |  |  |
| 2                | 5   |  | . , , ,                       | federal Schedule F)            |                    |   |              |                 |                     |          | 5                           |        |              |   |  |  |
|                  | 6   | •  | ` ,                           | lule D-1, line 20              |                    |   |              |                 |                     | F        | 6•                          |        |              |   |  |  |
|                  | 7   |  | ` , `                         | chedule)                       |                    |   |              |                 |                     | -        | 7•                          |        |              |   |  |  |
|                  | 8   | TO   | TAL income (loss) (Add        | d lines 3 through 7)           |                    |   |              |                 | <u></u>             |          | 8•                          |        |              | <u> </u>  |  |  |
|                  |   |  | • (                           | an to partners)                |                    |   | 9a           |                 |                     |          |                             |        |              |   |  |  |
|                  | b   | Minus j  | jobs credit                   |                                |                    |   | 9b           |                 |                     |          | 9с                          |        |              |   |  |  |
|                  | 10  | Guarar   | nteed payments to part        | tners (see page 3 of Inst      | tructions)         |   |              |                 |                     |          | 10                          |        |              |   |  |  |
|                  | 11  | Repairs  | s and maintenance             |                                |                    |   |              |                 |                     |          | 11                          |        |              |   |  |  |
|                  | 12  | Bad de   | bts (see page 3 of Inst       | tructions)                     |                    |   |              |                 |                     |          | 12                          |        |              |   |  |  |
|                  | 13  |  |                               |                                |                    |   |              |                 |                     | -        | 13                          |        |              |   |  |  |
| SS               | 14  | Taxes  | (attach schedule)             |                                |                    |   |              |                 |                     | [        | 14                          |        |              |   |  |  |
| 은                | 15  | Interes  | t (Caution—see page 3         | 3 of Instructions)             |                    |   |              |                 |                     | [        | 15                          |        |              |   |  |  |
| ည                | 16 a  | 6 a Depreciation from attached federal Form 4562   |                               |                                |                    |   |              |                 |                     |          |                             |        |              |   |  |  |
| DEDUCTIONS       | b   | b Minus depreciation reported on Schedule A and elsewhere on return  |                               |                                |                    |   |              |                 |                     | 16c      |                             |        |              |   |  |  |
| 2                | 17  | Depleti  | ion (other than oil and o     | gas, attach schedule—s         | see page 3 of Inst | ructions)   |              |                 |                     | [        | 17                          |        |              |   |  |  |
|                  | 18  | Retiren  | nent plans, etc. (see pa      | age 3 of Instructions)         |                    |   |              |                 |                     | [        | 18                          |        |              |   |  |  |
|                  | 19  | Employ   | vee benefit programs (s       | see page 3 of Instruction      | ns)                |   |              |                 |                     | [        | 19                          |        | -            |   |  |  |
|                  | 20  | Other of   | deductions (attach sche       | edule)                         |                    |   |              |                 |                     | [        | 20                          |        |              |   |  |  |
|                  |   | 0 Other deductions (attach schedule)   |                               |                                |                    |   |              |                 | Ī                   |          |                             |        |              |   |  |  |
|                  | 21 TOTAL deductions (add lines 9c through 20) |  |                               |                                |                    |   |              | 21•             |                     |          |                             |        |              |   |  |  |
|                  | 22  | Ordina   | ry income (loss) from to      | rade or business activiti      | es (line 8 minus l | ne 21)  |              |                 |                     |          | 22                          |        |              |   |  |  |
|                  |   |  |                               |                                | DECLAR             | ATION   |              |                 |                     |          |                             |        |              |   |  |  |
|                  |   |  |                               | orth in section 231-36, H      |                    |   |              |                 |                     |          |                             |        |              |   |  |  |
|                  |   | examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS. |                               |                                |                    |   |              |                 |                     |          |                             |        |              |   |  |  |
|                  | 3.010   | , թ  |                               |                                | ,                  |   |              |                 |                     |          |                             |        |              |   |  |  |
| a                | _   |  |                               |                                |                    |   |              |                 |                     |          |                             |        |              |   |  |  |
| Please Sign Here | >   | •  |                               |                                |                    |   |              | <b>&gt;</b>     |                     |          |                             |        |              |   |  |  |
| l<br>I           |   | Sig  |                               | or limited liability company i | member             |   |              | Date            |                     |          |                             |        |              |   |  |  |
| Sig              |   |  | Preparer's signature          |                                |                    |   | Pre          | eparer's so     | cial secu           | ırity n  |                             | heck   | if           | _   |  |  |
| Se               |   | aid  | and date                      |                                |                    |   |              | T .             |                     |          | s                           | elf-en | nployed      | <u>&gt;                                    </u> |  |  |
| lea              | Preparer's<br>Information                     |  | Fill S halle (or yours, _     |                                |                    |   |              |                 | Federal<br>E.I. No. |          |                             |        |              |   |  |  |
| Д                |   |  | if self-employed) and address | <b>/</b>                       |                    |   |              |                 |                     |          |                             |        | as) has been |   |  |  |
|                  |   |  | a.ia aaai000                  |                                |                    |   |              | :               | ZIP Cod             | le ➤     |                             |        |              |   |  |  |

Name of designated TMP

Address of designated TMP

| Schedule A — COST OF GOODS SOLD (See Page 4 of Instructions)  |                     |               |                  |
|---|---------------------|---------------|------------------|
| 1 Inventory at beginning of year  | 1                   |               |                  |
| 2 Purchases less cost of items withdrawn for personal use   | 2                   |               |                  |
| 3 Cost of labor   | 3                   |               |                  |
| 4 Additional IRC section 263A costs (see Instructions—attach schedule)  | 4                   |               |                  |
| 5 Other costs (attach schedule)   | 5                   |               |                  |
| 6 Total (add lines 1 through 5)   | 6                   |               |                  |
| 7 Inventory at end of year  | 7                   |               |                  |
| 8 Cost of goods sold (subtract line 7 from line 6). Enter here and on page 1, line 2  | 8                   |               |                  |
| 9 a Check all methods used for valuing closing inventory:   |                     |               |                  |
| (i) Cost  |                     |               |                  |
| (ii) Lower of cost or market as described in IRC Regulations section 1.471-4  |                     |               |                  |
| (iii) Writedown of "subnormal" goods as described in IRC Regulations section 1.471-2(c)   |                     |               |                  |
| (iv) Other (specify method used and attach explanation) ➤   |                     |               |                  |
| <b>b</b> Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach federal Form 970)   |                     |               |                  |
| c Do the rules of IRC section 263A (with respect to property produced or acquired for resale) apply to the partnership?   |                     |               |                  |
|   | :                   |               | No               |
| <b>d</b> Was there any change in determining quantities, cost, or valuations between opening and closing inventory?   |                     |               | _                |
| <b>d</b> Was there any change in determining quantities, cost, or valuations between opening and closing inventory?   |                     | Yes           | □ N              |
| d Was there any change in determining quantities, cost, or valuations between opening and closing inventory?  |                     |               | _                |
| d Was there any change in determining quantities, cost, or valuations between opening and closing inventory?  If "Yes," attach explanation.  Schedule B — ADDITIONAL INFORMATION REQUIRED  1 What type of entity is filing this return?   |                     | Yes           | □ N              |
| d Was there any change in determining quantities, cost, or valuations between opening and closing inventory?  If "Yes," attach explanation.  Schedule B — ADDITIONAL INFORMATION REQUIRED  1 What type of entity is filing this return?  Check the applicable box ➤ ☐ General partnership ☐ Limited partnership ☐ Limited liability company   |                     | Yes           | □ N <sub>1</sub> |
| d Was there any change in determining quantities, cost, or valuations between opening and closing inventory?  If "Yes," attach explanation.  Schedule B — ADDITIONAL INFORMATION REQUIRED  1 What type of entity is filing this return?  Check the applicable box ➤ □ General partnership □ Limited partnership □ Limited liability company   |                     | Yes           | □ N              |
| d Was there any change in determining quantities, cost, or valuations between opening and closing inventory?  If "Yes," attach explanation.  Schedule B — ADDITIONAL INFORMATION REQUIRED  1 What type of entity is filing this return? Check the applicable box ➤ □ General partnership □ Limited partnership □ Limited liability company  Number of partners in this partnership ➤  |                     | Yes Yes       | □ N <sub>1</sub> |
| d Was there any change in determining quantities, cost, or valuations between opening and closing inventory?  If "Yes," attach explanation.  Schedule B — ADDITIONAL INFORMATION REQUIRED  1 What type of entity is filing this return? Check the applicable box ➤ □ General partnership □ Limited partnership □ Limited liability company  Number of partners in this partnership ➤  |                     | Yes           | □ N <sub>1</sub> |
| d Was there any change in determining quantities, cost, or valuations between opening and closing inventory?  If "Yes," attach explanation.  Schedule B — ADDITIONAL INFORMATION REQUIRED  1 What type of entity is filing this return? Check the applicable box ➤ □ General partnership □ Limited partnership □ Limited liability company  Number of partners in this partnership ➤  |                     | Yes           | □ N              |
| d Was there any change in determining quantities, cost, or valuations between opening and closing inventory?  If "Yes," attach explanation.  Schedule B — ADDITIONAL INFORMATION REQUIRED  1 What type of entity is filing this return? Check the applicable box ➤ □ General partnership □ Limited partnership □ Limited liability company  2 Number of partners in this partnership ➤ 3 Is this partnership a partner in another partnership? 4 Are any partners in this partnership also partnerships? 5 Was this partnership operating at the end of 1997? |                     | Yes  Yes      | □ N <sub>1</sub> |
| d Was there any change in determining quantities, cost, or valuations between opening and closing inventory?    If "Yes," attach explanation.    Schedule B — ADDITIONAL INFORMATION REQUIRED   |                     | Yes  Yes      | □ N <sub>1</sub> |
| d Was there any change in determining quantities, cost, or valuations between opening and closing inventory?  If "Yes," attach explanation.  Schedule B — ADDITIONAL INFORMATION REQUIRED  1 What type of entity is filing this return? Check the applicable box ➤ □ General partnership □ Limited partnership □ Limited liability company  2 Number of partners in this partnership ➤  |                     | Yes  Yes      | □ N              |
| d Was there any change in determining quantities, cost, or valuations between opening and closing inventory?    If "Yes," attach explanation.    Schedule B — ADDITIONAL INFORMATION REQUIRED   | x year?             | Yes  Yes      | □ N              |
| d Was there any change in determining quantities, cost, or valuations between opening and closing inventory?  | x year?             | Yes  Yes  ts  | □ N              |
| d Was there any change in determining quantities, cost, or valuations between opening and closing inventory?  | x year?<br>p's asse | Yes  Yes   ts | □ N              |

Identifying number of TMP

| Ordinary income (loss) from trade or business activities   1   2   Net income (loss) from rental real estate activities (attach federal Form 8825)   2   3   3   3   3   3   3   3   3   3   |       | a. Distribut                              | ive share items                |                 | b. Attributable  |              | c. Attributable   |
|--|-------|---|--------------------------------|-----------------|------------------|--------------|-------------------|
| 2   3 a Gross income (loss) from rental real estate activities (attach federal Form 8825)   3 a Gross income from other rental activities   3 a b Minus expenses (attach schedule)   3 a b Minus expenses (attach schedule)   3 a b Gross income from other rental activities   3 a c Gross income from come (loss) from other rental activities   3 a c Gross income from come (loss) from other rental activities   3 a c Gross income from come (loss) from other rental activities   4 a c Gross income from come (loss) from other rental activities   4 a c Gross income from from from from from from from from   | Incor | me (Losses) and Deductions                |                                |                 | to Hawaii        |              | Everywhere        |
| 3 a Gross income from other rental activities.         3a           b Minus expenses (attach schedule).         3b           c Balance net income (loss):         3c           4 Portfolio income (loss):         4a           a Interest income.         4a           b Dividend income         4b           c Royalty income.         4c           d Net short-term capital gain (loss) (Schedule D (Form N-20)).         4dc           d Net short-term capital (loss) (Schedule D (Form N-20)).         4de           f Other portiolio income (loss) (attach schedule).         4ft           5 Guaranteed Payments to Partners.         5           6 Net gain (loss) under IRC section 1231 (other than due to casualty or theft) (attach Schedule D-1).         6           7 Other income (loss) (attach schedule).         7           9 IRC section 172 expense deduction (attach federal Form 4562).         9           9 IRC section 173 (section 173 (section 173 (section 174 expense deduction (attach federal Form 4562).         9           10 Deductions related to portfolio income (loss) (attach schedule).         111           11 Other deductions (attach schedule).         112           12 Energy Conservation Tax Credit (attach Form N-157A).         12           12 Energy Conservation Tax Credit (attach Form N-586).         13           14 Full Tax Credit for Commer  | 1     | Ordinary income (loss) from trade or      | business activities            |                 |                  | 1            |                   |
| b Minus expenses (attach schedule)   | 2     | Net income (loss) from rental real est    | ate activities (attach federal | Form 8825)      |                  | 2            |                   |
| c Balance net income (loss) from other rental activities   | 3 a   | Gross income from other rental activity   | ties                           |                 |                  | 3a           |                   |
| 4 Portfolio income (loss):  a Interest income  | b     | Minus expenses (attach schedule)          |                                |                 |                  | 3b           |                   |
| a Interest income  | С     | Balance net income (loss) from other      | rental activities              |                 |                  | 3с           |                   |
| b Dividend income  | 4     | Portfolio income (loss):                  |                                |                 |                  |              |                   |
| Royalty income   | а     | Interest income                           |                                |                 |                  | 4a           |                   |
| d Net short-term capital gain (loss) (Schedule D (Form N-20))  | b     | Dividend income                           |                                |                 |                  | 4b           |                   |
| Net tong-term gain capital (loss) (Schedule D (Form N-20))   | С     | Royalty income                            |                                |                 |                  | 4c           |                   |
| F Other portfolio income (loss) (attach schedule)  | d     | Net short-term capital gain (loss) (Sch   | nedule D (Form N-20))          |                 |                  | 4d           |                   |
| 5 Guaranteed Payments to Partners  | е     | Net long-term gain capital (loss) (Sch    | edule D (Form N-20))           |                 |                  | 4e           |                   |
| 6 Net gain (loss) under IRC section 1231 (other than due to casualty or theft) (attach Schedule D-1). 7 Other income (loss) (attach schedule). 7 Other income (loss) (attach schedule). 8 Charitable contributions (attach schedule). 9 IRC section 179 expense deduction (attach federal Form 4562). 9 IRC section 179 expense deduction (attach schedule). 110 Deductions related to portfolio income (loss) (attach schedule). 111 Other deductions (attach schedule). 112 Energy Conservation Tax Credit (attach Form N-157A). 113 Total cost of qualifying property for the Capital Goods ExciseTax Credit  | f     | Other portfolio income (loss) (attach s   | schedule)                      |                 |                  | 4f           |                   |
| (attach Schedule D-1)  | 5     | Guaranteed Payments to Partners           |                                |                 |                  | 5            |                   |
| 7 Other income (loss) (attach schedule)  | 6     | Net gain (loss) under IRC section 123     | 31 (other than due to casualt  | y or theft)     |                  |              |                   |
| Deductions   S   Charitable contributions (attach schedule)   9   RC section 179 expense deduction (attach federal Form 4562)   9   10   Deductions related to portfolio income (loss) (attach schedule)   10   11   CTedits   11   CTedits   12   Energy Conservation Tax Credit (attach Form N-157A)   12   Energy Conservation Tax Credit (attach Form N-157A)   12   Total cost of qualifying property for the Capital Goods ExciseTax Credit   13   13   14   Fuel Tax Credit for Commercial Fishers (attach Form N-163A)   14   Fuel Tax Credit for Commercial Fishers (attach Form N-586)   15   Enterprise Zone Tax Credit (attach Form N-586)   16   Low-Income Housing Tax Credit (attach Form N-586)   16   17   Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884)   17   18 a Total production costs qualifying for the Motion Picture and Film Production Tax Credit   18a   b Total transient accommodations costs qualifying for the Motion Picture and Film Production Tax Credit   18a   b Total production Tax Credit   18a   b Total qualifying transient accommodations costs qualifying for the Motion Picture and Film Production Tax Credit   19a   b Total qualifying transient accommodations tax paid in the preceding taxable year to be used in determining the Hotel Remodeling Tax Credit   19a   19b   Investment Interest   20a   Interest expense on investment debts   20a   b (1) Investment income included on lines 4a through 4f, Schedule K   20b(1)   (2) Investment expenses included on lines 4a through 4f, Schedule K   20b(2)   20ther Items   21   Attach Schedule for other items and amounts not reported above (e.g., Form N-288A and Form N-288C amounts). See Instructions. Check box if schedules attached   21   Analysis   22 a   Income (loss). Combine lines 1 through 7 in column c. From the result, minus the sum of lines 8 through 11 and 20a   22a   b Analysis by type of partner:   |       | (attach Schedule D-1)                     |                                |                 |                  | 6            |                   |
| 8   Charitable contributions (attach schedule)   8   9   10   10   10   10   10   10   10  | 7     | Other income (loss) (attach schedule)     | )                              |                 |                  | 7            |                   |
| 9 IRC section 179 expense deduction (attach federal Form 4562)   | Dedu  | ictions                                   |                                |                 |                  |              |                   |
| 10   Deductions related to portfolio income (loss) (attach schedule)   10   11   Chrer deductions (attach schedule)   11   11   CCredits   12   Energy Conservation Tax Credit (attach Form N-157A)   12   13   Total cost of qualifying property for the Capital Goods ExciseTax Credit   13   13   14   Fuel Tax Credit for Commercial Fishers (attach Form N-163A)   14   Fuel Tax Credit for Commercial Fishers (attach Form N-163A)   14   Fuel Tax Credit for Commercial Fishers (attach Form N-163A)   16   16   17   Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884)   17   18 a Total production costs qualifying for the Motion Picture and Film Production Tax Credit   18a   10   18a   10   19a   10   19a   10   19a   10   19a   10   19a   19a   10   19a   19a   10   19a   19a   10   19a   19a | 8     | Charitable contributions (attach sched    | dule)                          |                 |                  | 8            |                   |
| 11   | 9     | IRC section 179 expense deduction (       | attach federal Form 4562)      |                 |                  | 9            |                   |
| Credits   12   Energy Conservation Tax Credit (attach Form N-157A)   | 10    | Deductions related to portfolio income    | e (loss) (attach schedule)     |                 |                  | 10           |                   |
| 12   Energy Conservation Tax Credit (attach Form N-157A)   | 11    | Other deductions (attach schedule)        |                                |                 |                  | 11           |                   |
| 13 Total cost of qualifying property for the Capital Goods ExciseTax Credit  | Cred  | its                                       |                                |                 |                  |              |                   |
| 14   Fuel Tax Credit for Commercial Fishers (attach Form N-163A)   14   15   Enterprise Zone Tax Credit   See Instructions   15   16   Low-Income Housing Tax Credit (attach Form N-586)   16   16   17   18   16   17   18   18   19   19   18   19   19   19   | 12    | Energy Conservation Tax Credit (atta      | ch Form N-157A)                |                 |                  | 12           |                   |
| 15 Enterprise Zone Tax Credit  | 13    | Total cost of qualifying property for the | e Capital Goods ExciseTax      | Credit          |                  | 13           |                   |
| 16   | 14    |   | ,                              |                 |                  | 14           |                   |
| 17 Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884)  | 15    | Enterprise Zone Tax Credit                |                                |                 | See Instructions | 15           |                   |
| 18 a Total production costs qualifying for the Motion Picture and Film Production Tax Credit   | 16    | Low-Income Housing Tax Credit (atta       | ich Form N-586)                |                 |                  | 16           |                   |
| Credit   | 17    | Credit for Employment of Vocational I     | Rehabilitation Referrals (atta | ch Form N-884)  |                  | 17           |                   |
| b Total transient accommodations costs qualifying for the Motion Picture and Film Production Tax Credit  | 18 a  |   |                                |                 |                  | _            |                   |
| Production Tax Credit  |       | Credit                                    |                                |                 |                  | 18a          |                   |
| 19 a Total renovation costs qualifying for the Hotel Remodeling Tax Credit   | b     | Total transient accommodations costs      | s qualifying for the Motion Pi | cture and Film  |                  | _            |                   |
| b Total qualifying transient accommodations tax paid in the preceding taxable year to be used in determining the Hotel Remodeling Tax Credit   |       | Production Tax Credit                     |                                |                 |                  | 18b          |                   |
| Investment Interest  20 a Interest expense on investment debts   | 19 a  | Total renovation costs qualifying for the | ne Hotel Remodeling Tax Cr     | edit            |                  | 19a          |                   |
| Investment Interest  20 a Interest expense on investment debts   | b     | Total qualifying transient accommoda      | tions tax paid in the precedi  | ng taxable year |                  | _            |                   |
| 20 a Interest expense on investment debts  |       | to be used in determining the Hotel R     | emodeling Tax Credit           |                 |                  | 19b          |                   |
| b (1) Investment income included on lines 4a through 4f, Schedule K  | Inves | stment Interest                           |                                |                 |                  |              |                   |
| (2) Investment expenses included on line 10, Schedule K  |       | •   |                                | _               |                  |              |                   |
| Other Items  21 Attach schedule for other items and amounts not reported above (e.g., Form N-288A and Form N-288C amounts). See Instructions. Check box if schedules attached  | b     | ` '                                       | •                              | <u> </u>        |                  |              |                   |
| 21 Attach schedule for other items and amounts not reported above (e.g., Form N-288A and Form N-288C amounts). See Instructions. Check box if schedules attached   |       |   | line 10, Schedule K            |                 |                  | 20b(2)       |                   |
| Form N-288C amounts). See Instructions. Check box if schedules attached  | Othe  |   |                                |                 |                  |              |                   |
| Analysis  22 a Income (loss). Combine lines 1 through 7 in column c. From the result, minus the sum of lines 8 through 11 and 20a  | 21    |   |                                |                 |                  | _            |                   |
| 22 a Income (loss). Combine lines 1 through 7 in column c. From the result, minus the sum of lines 8 through 11 and 20a  |       | ,   | s. Check box if schedules atta | iched           |                  | 21           |                   |
| sum of lines 8 through 11 and 20a  |       |   |                                |                 |                  |              |                   |
| b Analysis by type of partner:  (a) Corporate  (b) Individual  i. Active  ii. Passive  (c) Partnership  organization  (e) Nomin  | 22 a  |   | -                              |                 |                  |              |                   |
| (a) Corporate (b) Individual (c) Partnership (d) Exempt organization (e) Nomin   |       | •   |                                |                 |                  | 22a          |                   |
| (a) Corporate  i. Active  ii. Passive  (c) Partnership  organization  (e) Nomin  (e) Nomin   | b     | Analysis by type of partner:              |                                |                 |                  |              |                   |
| (a) Corporate  i. Active  ii. Passive  (c) Partnership  organization  (e) Nomin  (e) Nomin   |       |   |                                |                 | 1                |              |                   |
| 1. General Partners  |       | (a) Corpo                                 | rate                           |                 | (c) Partnership  | (d) Exempt   | (e) Nominee/Other |
|  |       |   | i. Active                      | ii. Passive     | (1)              | organization | (=, = :           |
| 2. Limited Partners  |       |   |                                |                 |                  |              |                   |
|  |       | Limited Partners                          |                                |                 |                  |              |                   |

Schedule K — PARTNERS' SHARE OF INCOME, CREDITS, DEDUCTIONS, ETC. (See Instructions)

| REV. 1997)   |                             |                   |                |                  |   |                  |               | Page 4      |
|--|-----------------------------|-------------------|----------------|------------------|---|------------------|---------------|-------------|
| Schedules L, M-1, and I  | M-2 Attach a copy           | . •               |                |                  |   |                  | •             |             |
|  | you find you are            |                   |                |                  |   |                  |               |             |
| Schedule N   | List of Partner             |                   |                |                  |   |                  |               | ner partner |
|  | in descending               | order or ow       | mersnip. L     | ist additio      |   | _                |               | o of        |
| Partners' Na   | ame and Address             | SSN c             | or FEIN        | interest owne    | of partnership<br>ed at all times<br>the year |                  |               |             |
| 4  |                             |                   |                |                  |   |                  |               |             |
| _1   |                             |                   |                |                  |   |                  |               |             |
|  |                             |                   |                |                  |   |                  |               |             |
|  |                             |                   |                |                  |   |                  |               |             |
| 2  |                             |                   |                |                  |   |                  |               |             |
| 2  |                             |                   |                |                  |   |                  |               |             |
|  |                             |                   |                |                  |   |                  |               |             |
|  |                             |                   |                |                  |   |                  |               |             |
| 2  |                             |                   |                |                  |   |                  |               |             |
| 3  |                             |                   |                |                  |   |                  |               |             |
|  |                             |                   |                |                  |   |                  |               |             |
|  |                             |                   |                |                  |   |                  |               |             |
| 4  |                             |                   |                |                  |   |                  |               |             |
|  |                             |                   |                |                  |   |                  |               |             |
|  |                             |                   |                |                  |   |                  |               |             |
|  |                             |                   |                |                  |   |                  |               |             |
| 5  |                             |                   |                |                  |   |                  |               |             |
|  |                             |                   |                |                  |   |                  |               |             |
|  |                             |                   |                |                  |   |                  |               |             |
| 0 1 1 1  |                             |                   |                |                  |   |                  |               |             |
|  | O — Apportionn              |                   |                |                  |   |                  | ructions.)    |             |
| <ul><li>1 Ordinary income (loss) from</li><li>2 Apportionment factor (From</li></ul> |                             |                   | •              |                  |   |                  |               | 9           |
| 3 Business income apportion  |                             | •                 |                |                  |   |                  |               |             |
| business income apportion  | ned to Hawaii (iiile 1 mail | ipiled by iiile 2 | -) (10 Donout  | aio 11, iiiio 1, | 001. 5)                                       |                  |               | <u> </u>    |
| Schedule P   | Computation of App          | portionmen        | t Factors      | (See Attri       | butable to Ha                                 | awaii in the Ir  | structions.)  |             |
|  |                             | lawaii            |                |                  |   | erywhere         |               |             |
| Property — (use original cost)   | Beginning of taxable year   | End of tax        | able year      | Beginning        | of taxable year                               | End of taxa      | able year     |             |
| and  |                             |                   |                |                  |   |                  |               |             |
| Buildings  |                             |                   |                |                  |   |                  |               |             |
| nventorieseasehold interests*  |                             |                   |                |                  |   |                  |               |             |
| Rented Property*   |                             |                   |                |                  |   |                  |               |             |
| Other Property   |                             |                   |                |                  |   |                  |               |             |
| Total  |                             |                   |                |                  |   |                  |               |             |
| Enter net annual rent X 8.   |                             |                   |                |                  |   | T                |               | 1           |
|  |                             |                   |                | A. lı            | n Hawaii                                      | B. Every         | /where        |             |
| 1 Property values (average   |                             |                   |                |                  |   |                  |               | _           |
| 2 Property factor (line 1, col.  | •                           |                   |                |                  |   |                  |               | 9           |
| 3 Total compensation   |                             |                   |                |                  |   |                  |               | J           |
| <ul><li>4 Payroll factor (line 3, col. A</li><li>5 Total sales</li></ul>             |                             |                   |                |                  |   |                  | 1             | )9          |
| <ul><li>5 Total sales</li><li>6 Sales factor (line 5, col. A</li></ul>               |                             |                   |                |                  |   | I.               |               | )<br>9      |
| 7 Total of factors (add lines)   | •                           |                   |                |                  |   |                  |               |             |
| 8 Average of factors (divide   |                             |                   |                |                  |   |                  |               |             |
| 9 Are the amounts shown or   | n page 1, lines 4 through   | 7, and page 4     | , Schedule P   | , column "B.     | Everywhere", I                                | ines 1,3, and 5  | , the same as |             |
| reported in returns or repo  | rts to other states under   | tne Uniform Di    | vision of Inco | ome for Tax      | Purposes Act?                                 | ır not, please e | ∍xpiain.      |             |